



### Outpatient Services • Expanded Access to Primary Care Program

#### April 2006 • Bulletin 378

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##### *Medi-Cal Training Seminars*

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#### Exceptions to Submitting CIFs

Providers are reminded not to submit *Claims Inquiry Forms* (CIFs) for the following Remittance Advice Details (RAD) code messages, unless information on the CIF specifically addresses the denial reason. For example, if the denial was 002, but an error is found in the recipient ID on the original claim, this would be an appropriate CIF, with a changed recipient ID. However, if providers wish to challenge the determination, a CIF will result in the same denial. A review by a person in the appeals unit is the only way of resolving denials if the claim has a unique circumstance needing human intervention.

<u>Code</u>	<u>Message</u>
0002	The recipient is not eligible for benefits under the Medi-Cal program or other special programs.
0010	This service is a duplicate of a previously paid claim.
0072	This service is included in another procedure code billed on the same date of service.
0095	This service is not payable due to a procedure, or procedure and modifier, previously reimbursed.
0314	Recipient not eligible for the month of service billed.
0326	Another procedure with a primary surgeon modifier has been previously paid for the same recipient on the same date of service.

*The updated information is reflected on manual replacement page [cif co 2](#) (Part 2).*

#### CHDP 2006 Poverty Level Income Guidelines

The 2006 Federal Poverty Income Guidelines are effective April 1, 2006 through March 31, 2007. The guidelines are used to determine eligibility for the Child Health and Disability Prevention (CHDP) program. Applicants are eligible if their gross family incomes are at or below the revised poverty levels shown in the following chart.

For additional CHDP information, call the Telephone Service Center (TSC) at 1-800-541-5555.

*Please see **CHDP Income Guidelines** page 2*

CHDP Income Guidelines (*continued*)**FEDERAL POVERTY INCOME GUIDELINES**

200 Percent of Poverty by Family Size

<b>Number of Persons</b>	<b>Gross Monthly Income</b>	<b>Gross Annual Income</b>
1	\$ 1,634	\$ 19,600
2	\$ 2,200	\$ 26,400
3	\$ 2,767	\$ 33,200
4	\$ 3,334	\$ 40,000
5	\$ 3,900	\$ 46,800
6	\$ 4,467	\$ 53,600
7	\$ 5,034	\$ 60,400
8	\$ 5,600	\$ 67,200
9	\$ 6,167	\$ 74,000
10	\$ 6,734	\$ 80,800
For each additional person, add	\$ 567	\$ 6,800

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## Instructions for Manual Replacement Pages

Part 2

April 2006

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Remove: cif co 1 thru 10

Insert: cif co 1 thru 11